

HEALTH & HOPE COALITION

Metro Detroit Faith Communities Unite for Health Care Justice

What is the Health & Hope Coalition?

The Health & Hope Coalition represents more than 100 area faith and lay leaders from churches, synagogues, mosques and other faith-based organizations, as well as health care professionals committed to improving community health across Southeastern Michigan. The group convened early in 2004 as a task force to plan events for the faith community in conjunction with Cover the Uninsured Week. Cover the Uninsured Week ended in May of that year, but the task force continued to meet and in fact more than tripled in membership as its volunteers realized that working together as an interfaith network held the greatest potential for improving health care access and information across religious, cultural and economic lines. A 35-member interfaith Advisory Board was organized in November 2004. The Advisory Board has chosen four key areas in which to focus its work: 1) Uninsured/Access to Care/Health Disparity; 2) Detroit Wayne County Health Authority; 3) Chronic Disease; and 4) Prevention and Health Education.

Numerous alliances and partnerships are born as Health & Hope Coalition members come together at monthly planning and quarterly board meetings. The group also publishes the biweekly *Sermon Suggestions from the Health & Hope Coalition*, a free electronic newsletter that offers faith leaders easy ways to incorporate health messages in their homilies based on the holy writings of various faiths. This newsletter provides as well a forum to promote health events to the faith community, and gives links to free or low-cost health programs and other opportunities.

Health & Hope Coalition membership is open to all, and to date includes major faith traditions, more than 20 denominations, and representatives of at least 15 different types of health services. To receive communications from the Health & Hope Coalition, send an email to Nancy Combs, Health & Hope Coalition Interfaith Organizer, at nlcombs@sbcglobal.net. For more information or to join the Planning Committee, call (313) 874-1677.



All of our religious traditions call us to be healers of body and soul. Therefore, as an alliance of southeastern Michigan faith leaders, the Health & Hope Coalition will build an interfaith network to increase and empower health ministries, to share information and best practices in health education and health services, and to work for health justice for the uninsured and underinsured.

-- Mission Statement

HEALTH & HOPE COALITION

Metro Detroit Faith Communities Unite for Health Care Justice

Advisory Board

Rev. Dr. Joseph R. Jordan, President
Corinthian Missionary Baptist Church

Imam Abdullah Bey El-Amin, Vice President for Communications
Council of Islamic Organizations of Michigan

Rabbi David Nelson, Vice President for Finance
Congregation Beth Shalom

Rev. John Duckworth, Vice President for Programs
Gethsemane Missionary Baptist Church

Rev. Richard Singleton, Vice President for Planning
Metro Christian Council of Detroit & Windsor

Rev. Henrietta Andrews	Detroit Metropolitan and Eastern Association, United Church of Christ	Rev. Felix A. Lorenz Jr.	St. Paul's United Church of Christ
Rev. Dr. Urias Beverly	Ecumenical Theological Seminary	Rev. Dr. John Marks	First Community Baptist Church
Rev. Dr. E.L. Branch	Third New Hope Baptist Church	Captain K. Kendall Mathews	Salvation Army (USA) E. Mich. Div. Headquarters
Rev. Dr. Samuel Bullock Jr.	Bethany Baptist Church	Rev. Mangedwa Nyathi	Hartford Memorial Baptist Church
Rev. Richard Chaney	Williams Street COGIC	Imam Hassan Qazwini	Islamic Center of America
Rev. Harry Cook	St. Andrew's Episcopal Church	Bishop Robert A. Rimbo	Southeast Michigan Synod, Evangelical Lutheran Church in America
Sister Jeanne Gamache, SSJ	St. John Oakland Hospital	Rev. Gregory Roberts	Governor's Office of Community & Faith-Based Initiatives
Bishop Wendell N. Gibbs, Jr.	Episcopal Diocese of Michigan	Imam Achmat Salie	Islamic Association of Greater Detroit
Bishop Thomas J. Gumbleton	St. Leo's Parish	Very Rev. George H. Shalhoub	The Basilica of St. Mary, Antiochian Orthodox Christian Church
Rev. Dr. Kenneth E. Harris	Detroit Baptist Temple	Bishop John Sheard	Church of God in Christ
Rev. Earle E. Johnson	A.M.E. Zion Church	Rev. Kevin M. Turman	Second Baptist Church of Detroit
Rev. Dr. Oscar King III	Northwest Unity Baptist Church	Rabbi Mordehi Waldman	Congregation Beth Tephilath Moses
Rabbi Joseph Klein	Temple Emmanu-El	Rev. Ann Webber	St. John Episcopal Church
Rev. Marvin Kormann	St. Paul Lutheran Church	Rev. Dr. Samuel White III	Friendship Baptist Church
Father Tod Laverty, OFM	St. Aloysius Parish	Rev. Richard Wilson	Tried Stone Baptist Church



CIRCLES OF CARE

A PROJECT TO BUILD INTERFAITH NETWORKS AND IMPROVE ACCESS TO PRIMARY CARE AND HEALTH EDUCATION FOR THE UNINSURED AND UNDERINSURED IN DETROIT AND WAYNE COUNTY

INTRODUCTION:

This proposal supports a collaborative effort between the Detroit Wayne County Health Authority (DWCHA) and the Health & Hope Coalition. DWCHA is Michigan's first public health authority created to insure care to uninsured residents of Detroit and Wayne County. The Health & Hope coalition is a large network of faith and lay leaders who have organized around issues of health care as a social justice imperative.

The proposal presents a model of service that can improve access to primary care and health education to uninsured residents of Detroit and Wayne County. It recognizes the following truths:

- 1) Good health means wellness for the physical, emotional, and spiritual aspects of humans and the communities where they live.
- 2) Prevention is critical to reducing disease and disability and only through education and participation in decision making will an individual or community become invested in prevention.

BACKGROUND / NEED:

In early 2003 Detroit faced a medical crisis. With one in four city residents uninsured, the Detroit Medical Center was awash in 'red ink' and threatening to close two city hospitals. Governor Granholm initiated discussions that included broad representation from the health care industry and government at the city, county and state levels. Wayne County's four health plans and many private practice physicians participated. These discussions revealed the enormous burden of uncompensated care, especially in hospital emergency rooms. The crisis was countywide and precipitated by these facts:

Nearly 700,000 residents of Wayne County are uninsured or poor enough to qualify for Medicaid or county insurance programs.

Funding shortfalls at both the federal and state level result in decreasing reimbursement rates for Medicaid. Improvement is unlikely due to federal and state deficits.

The lack of primary care physicians in Detroit results in 59 percent of Detroit residents living in federally designated areas of medical under service.¹

A Health Care Stabilization Workgroup convened and reviewed solutions implemented in other urban communities across the country. This group recommended a health authority be established with its highest priority to develop a primary care strategy and to seek funds for additional safety net services.

Recognizing that innovative solutions must be advanced, governmental bodies in Detroit and Wayne County signed agreements to create Michigan's first public health authority.

In July 2004 the new **Detroit Wayne County Health Authority (DWCHA)** began the hard work of addressing issues of health status, access to care, and finance. An immediate task was to support community efforts already focused on expansion of health care for the uninsured.

COMMUNITY COLLABORATION:

Wayne County has a tradition of strong leadership in faith communities: Christian, Muslim, Jewish and other religious traditions. This leadership offers unique opportunities to expand access to primary care for the uninsured, while at the same time promoting health education and prevention to the broad community.

The Health & Hope Coalition is an interfaith network of more than 100 faith leaders concerned with health care justice. These spiritual leaders are called to be healers by their religious traditions and are often the ones approached by people in need. Pastors, priests, imams, and rabbis have a vested interest in assuring health services for the uninsured members of their faith communities... and they are uniquely positioned to disseminate information, secure volunteer help, leverage funding, and provide facilities.

The Health & Hope Coalition grew out of 'Cover the Uninsured Week 2003.' A diverse group of faith leaders were involved in this campaign, then held planning meetings to ensure future activities. Participants held high-visibility press conferences, an interfaith prayer breakfast, and staged a walk and interfaith service as part of Keep Detroit Health Expo at Ford Field in June 2004. Supported by a President and Board of Directors, today the coalition has a working group planning their Health & Hope Summit 2005 at Cobo Hall on May 5, 2005, in conjunction with Cover the Uninsured Week 2005.

The Detroit Wayne County Health Authority supports the mission and activities of the Health & Hope Coalition. The Authority's Communications Director is actively participating in the work group planning of the 2005 Faith-Based Health Summit, and DWCHA funds have provided the Coalition with a part-time field organizer. DWCHA believes that networks in the faith community can provide great opportunity for outreach to the uninsured and underinsured populations of the region.

PROGRAM PROPOSAL:

The theme of Health & Hope Summit 2005 is "Put Faith-Based Health Care on the Map." A large map of Detroit and Wayne County will be unveiled to reveal the proximity of churches and other places of worship to each other and to existing safety net health services. The map will visually highlight possibilities for networking among the 500 participants expected at the Summit.

The Health & Hope Coalition sees the Summit as an important step to develop effective collaboration between faith leaders and health services. Next steps will be to further network those places of worship and health services that are geographically close to each other. This is important as research shows that people with low income face barriers that often prevent their accessing primary care when service is beyond four miles of home.

Smaller networks can better determine the needs of their communities, how they can be culturally sensitive in their programming, and what each partner can 'bring to the table.' They can be effective in organizing lay people to work as volunteer 'health mentors' – a role that handles many tasks from being a helpmate to individuals with health care needs to disseminating information in the community to assisting with health promotion activities.

At Health & Hope Summit 2005 the Detroit Wayne County Health Authority will propose that these smaller networks are a conceptual model that may be referred to as 'Circles of Care'. They have great potential to meet a major goal of the Health & Hope Coalition:

*** decrease racial disparities in health care by supporting the return of primary care to the city and covering the uninsured; and providing neighborhood settings for culturally competent programs in prevention and chronic disease management**

The Health Force Stabilization Group that recommended creation of DWCHA found Detroit hospitals have high rates of preventable admissions. Health education and prevention programs may provide the greatest hope for improvements in health throughout Detroit and Wayne County. Within a 'Circle of Care,' faith centers can be effective forums for educating the community around health issues. Uninsured people are unable to participate in the patient education classes or health promotion activities of HMO's and private hospitals. Placing such programs in faith centers and opening them to the community increases access.

Together, faith centers can share best practices in health ministry and can promote linkage with health care where it already exists in churches, schools, and clinics. Furthermore, effective collaboration can lead to developing new points of access to primary care for the uninsured. (See Attachment A for existing & potential primary care access points).

The Detroit Wayne County Health Authority's mission is to provide a seamless system of care through an effective delivery system that will improve health and decrease cost. DWCHA has a priority to develop an information system that will enroll uninsured patients and track their care. The Authority envisions a user-friendly kiosk that could be located in a church, school, community center or any public place.

The Authority supports interfaith networks that follow a program model like 'Circles of Care.' Federal, state, and foundation grant applications are enhanced through such collaboration. New federally qualified health centers and/or expansion of the Parish Nurse Network can result from strong interfaith networks.

FUNDING SUPPORT

The Detroit Wayne County Health Authority is seeking \$100,000 over a two year period to support the work of the Health and Hope Coalition. On May 26, 2005, the Robert Wood Johnson Foundation awarded DWCHA a \$50,000 two year grant to support "Circles of Care" for the project period June 1, 2005 through May 31, 2007. We are requesting a matching grant in the amount of \$50,000 from the Blue Cross Blue Shield of Michigan Foundation through its Community Health Matching Grants Program.

More than common goals are needed to drive success. Pastors, imams, priests, and rabbis in the Health & Hope Coalition have already demonstrated their commitment to improving access to primary care for the uninsured in Detroit and Wayne County. Their collective interest in this goal moves toward collective action at The Health & Hope Summit 2005 during Cover the Uninsured Week 2005.

The Health & Hope Coalition also has successfully provided a network for sharing health information among faith leaders. They have a regular e-newsletter that suggests health topics that can be used in sermons and effective strategies for health ministries. But sharing information is only a first step in moving the coalition's network toward results-driven structure.

The next step – organizing diverse places of worship into smaller geographic areas and partnering with existing health services - will require adopting an organizational model like 'Circles of Care.' Moving from the broader network of faith leaders to true collaboration that results in shared health promotion activities and improved access to primary care requires leadership and support staff.

The Board of Directors and faith and lay leaders who participate in the Hope and Health Coalition all work on a volunteer basis. This group has the desire and potential to implement a service model that can reach into Wayne County's medically uninsured populations and improve health. However, success will depend on a great deal of coordination and information sharing. The Board of Health & Hope Coalition commits the leadership, but needs funding for Support staff, research and development, and training to get the model up and running.

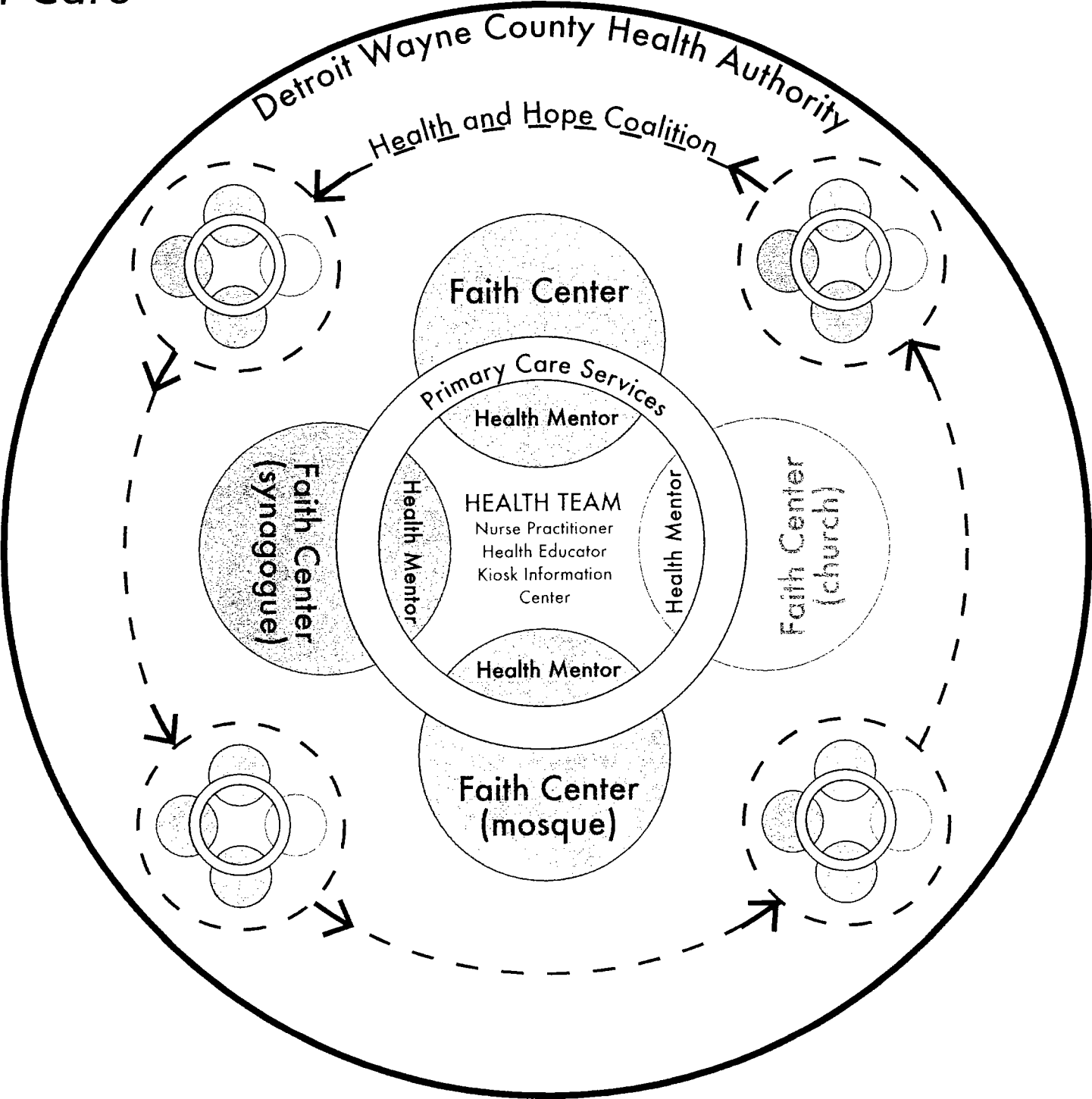
The Detroit Wayne County Health Authority recognizes a great capacity for change through the Health & Hope Coalition. When health education and care become a priority of our faith communities, as it has among the 100 faith leaders in the coalition, it is imperative to provide external support and recognition to the efforts.

ATTACHMENTS

- Circles of Care Diagram
- Line Item Budget
- Budget Narrative
- A Case for an Inter Faith Network
- Health and Hope Coalition Board of Directors
- Tax Exempt Documentation

Circles of Care

Figure #1



THE ROBERT WOOD JOHNSON FOUNDATION
Line Item Budget
The Detroit Wayne County Health Authority

Grant Period: (from 06/1/2005 to 05/31/2007)

Budget Period: (from 06/1/2005 to 05/31/2006)

PROJECT YEAR 1

I. PERSONNEL:

Position	Base Salary	FTEs	Total	RJWF Support	Non-RJWF Support
Project Director/Principal Investigator	\$85,000.00	0.10	\$ 8,500.00	\$ 4,250.00	\$ 4,250.00
Administrative Staff	\$32,000.00	0.10	\$ 3,200.00	\$ 1,600.00	\$ 1,600.00
Other Staff					

Fringe Benefits (____%)

SUBTOTAL			\$ 11,700.00	\$ 5,850.00	\$ 5,850.00
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II. OTHER DIRECT COSTS

Office Operations	\$ -	\$ -	\$ -
Communications/Marketing	\$ 9,000.00	\$ 4,500.00	\$ 4,500.00
Travel	\$ 1,472.00	\$ 736.00	\$ 736.00
Meeting Expenses	\$ 1,700.00	\$ 850.00	\$ 850.00
Surveys	\$ 1,500.00	\$ 750.00	\$ 750.00
Equipment	\$ -	\$ -	\$ -
Project Space	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -

SUBTOTAL	\$ 13,672.00	\$ 6,836.00	\$ 6,836.00
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III. PURCHASED SERVICES

Project Staff	\$ 18,000.00	\$ 9,000.00	\$ 9,000.00
Consultant	\$ 2,500.00	\$ 1,250.00	\$ 1,250.00
Contracts	\$ -	\$ -	\$ -

SUBTOTAL	\$ 20,500.00	\$ 10,250.00	\$ 10,250.00
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IV. INDIRECT COSTS	\$ 4,128.00	\$ 2,064.00	\$ 2,064.00
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GRAND TOTAL	\$ 50,000.00	\$ 25,000.00	\$ 25,000.00
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THE ROBERT WOOD JOHNSON FOUNDATION

Line Item Budget

The Detroit Wayne County Health Authority

Grant Period: (from 06/1/2005 to 05/31/2007)

Budget Period: (from 06/1/2006 to 05/31/2007)

PROJECT YEAR 2

I. PERSONNEL:

Position	Base Salary	FTEs	Total	RJWF Support	Non-RJWF Support
Project Director/Principal Investigator	\$85,000.00	0.10	\$ 8,500.00	\$ 4,250.00	\$ 4,250.00
Administrative Staff	\$32,000.00	0.10	\$ 3,200.00	\$ 1,600.00	\$ 1,600.00
Other Staff					

Fringe Benefits (____ %)

SUBTOTAL			\$ 11,700.00	\$ 5,850.00	\$ 5,850.00
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II. OTHER DIRECT COSTS

Office Operations	\$ -	\$ -	\$ -
Communications/Marketing	\$ 9,000.00	\$ 4,500.00	\$ 4,500.00
Travel	\$ 1,472.00	\$ 736.00	\$ 736.00
Meeting Expenses	\$ 1,700.00	\$ 850.00	\$ 850.00
Surveys	\$ 1,500.00	\$ 750.00	\$ 750.00
Equipment	\$ -	\$ -	\$ -
Project Space	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -

SUBTOTAL	\$ 13,672.00	\$ 6,836.00	\$ 6,836.00
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III. PURCHASED SERVICES

Project Staff	\$ 18,000.00	\$ 9,000.00	\$ 9,000.00
Consultant	\$ 2,500.00	\$ 1,250.00	\$ 1,250.00
Contracts	\$ -	\$ -	\$ -

SUBTOTAL	\$ 20,500.00	\$ 10,250.00	\$ 10,250.00
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IV. INDIRECT COSTS	\$ 4,128.00	\$ 2,064.00	\$ 2,064.00
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GRAND TOTAL	\$ 50,000.00	\$ 25,000.00	\$ 25,000.00
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THE ROBERT WOOD JOHNSON FOUNDATION

Line Item Budget

The Detroit Wayne County Health Authority

Grant Period: (from 06/1/05 to 05/31/07)

Budget Period: (from 06/1/2005 to 05/31/2007)

PROJECT YEARS 1 & 2 CONSOLIDATED

I. PERSONNEL:

Position	Base Salary	FTEs	Total	RJWF Support	Non-RJWF Support
Project Director/Principal Investigator	\$170,000.00	0.10	\$ 17,000.00	\$ 8,500.00	\$ 8,500.00
Administrative Staff	\$64,000.00	0.10	\$ 6,400.00	\$ 3,200.00	\$ 3,200.00
Other Staff					
Fringe Benefits (____ %)					
SUBTOTAL			<u>\$ 23,400.00</u>	<u>\$ 11,700.00</u>	<u>\$ 11,700.00</u>

II. OTHER DIRECT COSTS

Office Operations	\$ -	\$ -	\$ -
Communications/Marketing	\$ 18,000.00	\$ 9,000.00	\$ 9,000.00
Travel	\$ 2,944.00	\$ 1,472.00	\$ 1,472.00
Meeting Expenses	\$ 3,400.00	\$ 1,700.00	\$ 1,700.00
Surveys	\$ 3,000.00	\$ 1,500.00	\$ 1,500.00
Equipment	\$ -	\$ -	\$ -
Project Space	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -
SUBTOTAL	<u>\$ 27,344.00</u>	<u>\$ 13,672.00</u>	<u>\$ 13,672.00</u>

III. PURCHASED SERVICES

Project Staff	\$ 36,000.00	\$ 18,000.00	\$ 18,000.00
Consultant	\$ 5,000.00	\$ 2,500.00	\$ 2,500.00
Contracts	\$ -	\$ -	\$ -
SUBTOTAL	<u>\$ 41,000.00</u>	<u>\$ 20,500.00</u>	<u>\$ 20,500.00</u>

IV. INDIRECT COSTS

	\$ 8,256.00	\$ 4,128.00	\$ 4,128.00
GRAND TOTAL	<u>\$ 100,000.00</u>	<u>\$ 50,000.00</u>	<u>\$ 50,000.00</u>